DOCUMENT RESUME

ED 268 450 CG 019 009

AUTHOR Steil, Janice M.; Turetsky, Beth
TITLE Marital Influence Levels and Psychological Symptomatology: Are There Psychic Costs to Inequity?
PUB DATE Apr 85
NOTE 21p.; Paper presented at the Annual Meeting of the Eastern Psychological Association (Boston, MA, March 21-24, 1985).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Dual Career Family; Employed Women; *Individual Power; *Marital Satisfaction; Marriage; *Mothers; *Sex Differences; Sex Role; Spouses; *Stress Variables
IDENTIFIERS *Egalitarianism

ABSTRACT

Previous research has shown that among married couples, housewives experience the highest levels of psychological distress, employed husbands the least, and employed wives experience levels of stress somewhere in between. This study examines whether employed wives' symptomatology can be explained by the extent of their influence within the marriage relative to that of their husbands. Questionnaires which independently assessed husband's and wife's stresses were completed by 815 dual career couples. Questions measured educational and employment demographics, family and career satisfaction, allocation of domestic and decision making responsibilities, mental health symptomatology, and achievement concerns. Eighty-four percent of the subjects reported equal or almost equal relationships. For the most part, the more egalitarian the marriage, the greater was the wife's satisfaction with the marriage and the lower was her symptomatology. The exception to this was the finding that the greater the husband's responsibility for household tasks, the higher the level of the wife's symptomatology. Mothers tended to have less egalitarian marriages than wives without children. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED268450

Marital Influence Levels and Psychological Symptomatology: Are There Psychic Costs to Inequity?

Janice M. Steil, Ph.D.

Beth Turetsky, M.A.

The Gordon F. Derner
Institute of Advanced Psychological Studies
Adelphi University

Paper presented at the annual meeting of
The Eastern Psychological Association
April, 1985

CG 019009

Running Head: Marital Influence

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Beth Turetsky

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Research has shown that, among married couples, housewives experience the highest levels of psychological distress, employed husbands experience the least, and employed wives' distress levels fall somewhere in between (Gove & Geerken, 1977; Radloffe, 1975). These findings can in part be explained by assertions (Bernard, 1973; Gove, 1972; Gove & Tudor, 1973) that differences between symptomatology levels of housewives and employed wives' are associated with the psychological costs of housewifery as well as the psychological benefits of multiple roles. Yet the differences between the symptomatology levels of employed wives and their employed husbands remains unexplained. Recent reviews (Steil, 1983 & 1984) noted that this pattern of psychological symptomatology is paralleled by gender differences in spouses' levels of marital influence. Housewives experience not only the highest levels of distress, but also the least influence within their marriages. Employed husbands experience the least distress and most influence, and employed wives fall somewhere in between on both. So strong is the parallel

between patterns of marital influence and patterns of well-being among women that a presidential subpanel on mental health and women (1978) has asserted that "our usual social institutions (including, among others, marriage, family relationships, and child rearing) have a differential and more stressful impact on women" (Subpanel report, 1978, p. 1). Yet there have been no direct tests of these relationships.

This study, then, asks whether employed wives' symptomatology can be explained by the extent of their influence within the marriage relative to that of their husbands. More specifically, it is hypothesized that for wives, the more equal their perceptions of influence in their marital relationships, the lower their reported symptomatology levels. This study is unique both in its effort to assess this relationship empirically and in the size and nature of its sample.

Method

The Sample. Participants in the study were 815 dual career couples solicited by Catalyst, an organization devoted to the advancement of women in business. Announcements were placed in selected magazines and in

a nationally syndicated UPI column. Respondants came from all over the United States, but 40% lived in the Northeast. Forty percent of the couples had children.

Instruments. Husbands and wives independently completed identical six page questionnaires assessing the stresses particular to the dual career couple. Areas of inquiry included educational and employment demographics, family and career satisfaction, allocation of domestic and decision making responsibilities, mental health symptomatology and achievement concerns.

Marital influence was measured by combining items from wives' questionnaires to form measures of three areas of influence: decision making, household tasks, and childcare. The items comprising these variables were measured on five point scales, 1 indicating wife has all or almost all of the responsibility, 3 indicating equal levels of responsibility, and 5 indicating husband has all or almost all of the responsibility (see Table 1).

Psychological symptomatology was measured by 26 items taken from the SCL-90, a scale developed by Derogatis, et al. (1974). A factor analysis of these items revealed a dysphoric factor, consisting of items associated with mild depression, and a somatic factor consisting of items associated with physiological symptomatology (see Table 2).

According to the social exchange theorists (Blood & Wolfe, 1960; Homans, 1961; Scanzoni, 1972; Thibaut & Kelley, 1959), wives lack influence because of the paucity of outside resources that they provide to the family relative to their husbands. To test this idea several economic, demographic and psychological resource variables were included. These were wives' absolute income level, wives' education, age, and income relative to their husbands', presence or absence of children, and wives' perception of the importance of their own job relative to their husbands'.

Data analysis. Since previous research (Radloffe, 1975; Gove & Geerken, 1977; Horowitz, 1982; Kessler & McRae,

1982) suggests that the presence or absence of children may differentially affect the relationship of some of our variables, the data of women with children were analyzed separately from the data of women without children. We began by conducting some preliminary analyses comparing perceptions of marital influence between the two groups. Next separate regression analyses were performed for the two groups of women in order to assess the predictive power of the resource variables in determining each of the marital influence variables. Finally, stepwise regressions were performed for each of the two groups of women to assess the power of marital and career satisfaction and the marital influence variables in predicting the dysphoric and somatic symptomatology scales. The influence variables were added into these regression analyses after the marital and career satisfaction variables in order to determine whether or not they accounted for variance in symptomatology levels beyond that which could be accounted for by the satisfaction variables. Since the decision making

influence variable was found to be both linearly and curvilinearly related to the symptomatology scales both of these components were entered into the regressions using procedures described in Cohen and Cohen (1975). The curvilinear relationship was such that for wives, equal levels of decision making influence were associated with the lowest levels of symptomatology. The resource variables were not added into the final regressions because they proved to be unrelated to the symptomatology scales.

Results

Preliminary analyses indicated that women with children reported less decision making responsibility than did their childless counterparts $t(573) = 3.08$, $p < .01$). Since wives with children also carried primary responsibility for childcare, this finding represented a further decline in equality for this group of women.

Resources. For women with children (see Table 3) perceived career importance was the most important resource variable in predicting equality levels. The more this group of women valued their own careers

relative to their husbands', the greater was their say in decision making (beta=-.18, $F(1,255) = 6.22$, $p < .05$) and the less responsibility they had for household tasks (beta=.28, $F(1,251) = 15.23$, $p < .01$). Educational discrepancy was also predictive (beta=.15, $F(1,251) = 5.02$, $p < .05$). The greater the educational discrepancy in her husbands' favor the less responsibility she assumed for household tasks. For wives without children, both pay discrepancy and perceived career importance were predictive of equality levels. The more their husbands earned relative to their own earnings, the more responsibility wives without children reported (beta=-.12, $F(1,393) = 4.83$, $p < .05$) for household tasks and the less say (beta=.15 $F(1,395) = 8.26$, $p < .05$) in decision making (see Table 3). The more important they perceived their own career to be relative to their husbands', the more decision making responsibility they reported (beta=-.16, $F(1,395) = 9.56$, $p < .01$).

Symptomatology Levels. For women with children, the stepwise regressions (see Table 4) indicated that, as predicted, greater marital satisfaction (beta=-.27, $F(1,241) = 19.96$, $p < .01$), greater career satisfaction

(beta=-.17, $F(1,241) = 7.44$, $p < .01$), less (more equal) childcare responsibility (beta=-.16, $F(1,241) = 6.26$, $p < .05$) and equal levels of decision making influence (beta=.15, $F(1,241) = 5.39$, $p < .05$) were all associated with lower dysphoric symptomatology. Contrary to prediction, greater home responsibility (beta=.22, $F(1,241) = 12.13$, $p < .01$) was also associated with lower dysphoric symptomatology. Greater marital satisfaction (beta=-.18, $F(1,238) = 8.02$, $p < 01$), and both equal (beta=.19, $F(1,238) = 8.29$, $p < .01$) and lower levels of decision making (beta=.25, $F(1,238) = 14.31$, $p < .01$) were predictive of lower levels of somatic symptomatology.

For women without children greater marital and career satisfaction predicted lower levels of both dysphoric and somatic symptomatology, but none of the equality variables were predictive (see Table 3).

Discussion. It is important to note that our sample was somewhat unique. In comparison with national norms, the women were more highly educated, more highly paid, and enjoyed more egalitarian relationships. If we use self-reported responsibility for decision

making as the indicator of relative influence, only 8% of our sample report husband dominant relationships, 84% report them as equal or almost equal, and 8% report the wife as dominant. Other investigators have noted both a tendency to under-report one's own influence as well as an ideological bias to report relationships as more egalitarian than they may be. Yet no earlier studies, most of which suffer from similar biases, have reported such a low percentage of husband dominated relationships. In some sense, then, this suggests an extremely conservative, if not stringent, test of our hypothesis. Indeed, we have asked whether or not differences in influence patterns explain wives' psychological symptomatology even amongst a sample who enjoy comparatively equal relationships.

The data suggested that for the less equal, the mothers, the answer was a qualified yes. For these women the influence variables not only predicted marital satisfaction levels but had explanatory power beyond marital satisfaction in predicting

symptomatology levels. For the most part, the relationship between influence and symptomatology was as predicted. The more egalitarian the marriage, the greater was the wives' satisfaction with the marriage and the lower was her symptomatology. The exception to this is that while greater husband responsibility for household tasks was associated with higher marital satisfaction, it was also associated with higher levels of symptomatology. Although it seemed possible that it may have been the husbands of particularly stressed wives, who, due to their wives' psychological condition, assumed greater household responsibility, this explanation was not supported by the data. Nor did husbands who helped more around the house report lower levels of marital satisfaction. Thus, it is unlikely that it is these husbands' lowered marital satisfaction that resulted in wives' increased symptomatology.

Mothers had less egalitarian marriages than wives without children. They had less influence in decision making than their childfree counterparts and they had the

major responsibility for childcare. We suspected that the decline in influence for mothers was associated with either a reduction in the degree to which they valued their jobs, or a reduction in their pay due to a decrease in hours worked. This, however, was not the case. For this sample, women with children saw their jobs as equally important compared to their husbands as did women without children and they enjoyed higher incomes than their childless counterparts, Thus, while it appears that wives with children had less egalitarian marriages then wives without children, it is unclear why this was the case.

In summary, the results of this study raise some interesting questions. Why was greater husband responsibility for household tasks associated with higher levels of wives' symptomatology? Why did wives with children have less egalitarian marriages than their childless counterparts? What is clear from the data, however, is that for the less equal, that is the mothers, the more egalitarian her marriage, the lower her symptomatology.

References

Bernard, J. (1973). The future of marriage. New York: Bantam.

Blood, R. O. & Wolfe, D. M. (1960). Husands and wives. Glencoe, Illinois: The Free Press.

Cohen, J. & Cohen, P. (1975). Applied Multiple Regression: Correlation Ananlysis for the for the Behavioral Sciences. Lawrence Erlbaum Association, Hillside, New Jersey.

Derogatis, L., Lipman, R., Rickels, K., Uhlenhuth, E. & Coti, L. (1974). The Hopkins Symptom Checklist (HSCL): A self report symptom inventory. Behavioral Science, 19, 1-13.

Gcve, W. R. (1972). The relationship between sex roles, marital status and mental illness. Social forces, 51, 34-44.

Gove, W. R. & Geerken, M. R. (1977). The effect of children and employment on the mental health of married men and women. Social Forces, 56, 66-76.

Gove, W. R. & Tudor, J. (1973). Adult sex roles and mental illness. American Journal of Sociology, 78, 812-835.

Gove, W. R., & Tudor, J. (1977). Sex differences in mental illness: A comment on Dohrenwend and Dohrenwend. American Journal of Sociology, 82, 1327-1316.

Homans, G. C. (1961). Social behavior: Its elementary forms. New York: Harcourt, Brace & World.

Horwitz, A. (1982). Sex-role expectations, power, and psychological distress. Sex Roles, 8, 607-623.

Kessler, R. & McRae, J. (1972). The Effect of Wives' Employment on the Mental Health of Married Men and Women. American Sociological Review, 47, 216-227.

Radloff, L. (1975). Sex differences in depression: The effects of occupation and marital status. Sex roles, 1, 249-265.

Scanzoni, J. (1972). Sexual bargaining: Power politics in the American mariage. Englewood Cliffs, New Jersey: Prentice-Hall.

Steil, J. (1984). Marital relationships and mental health: the psychic costs of inequality. In J. Freeman, (Ed.), Women: A Feminist Perspective. 113-123. (Third Ed.) Mayfield Press.

Steil, J. (1983). Marriage: An unequal partnership. In B. Wolman & G. Stricker (Eds). Handbook of Family and Marital Therapy. New York: Plenum Press.

Subpanel report of the special populations subpanel on mental health of women, the Presidents Commission of Mental Health. (1978). Springfield Virginia: National Information Service, U.S. Department of Commerce.

Thibaut, J. W., & Kelley, H. H. (1959). The social psychology of groups. New York: Wiley.

TABLE 1

ITEMS COMPRISING MARITAL INFLUENCE VARIABLES

Household Responsibilities

Grocery, household shopping
Cleaning, housework
Cooking
Car and home maintenance, repair
Handling the finances, paying the bills
Laundry
Doing yard work, gardening
Caring for pets

Childcare Responsibilities

Child care
Disciplining the children

Decision Making Responsibility

Making major decisions
(e.g., how to invest money)

TABLE 2

TWO FACTOR SOLUTION TO HEALTH SYMPTOMATOLOGY SCALE

Item	Factor 1 (Dysphoria)	Factor 2 (Somaticism)
Headaches	.21	.30
Digestive problems	.24	.63*
Insomnia; trouble sleeping	.23	.24
Constant worry/anxiety	.68*	.25
Tiring easily	.49*	.23
Feeling guilty	.57*	.14
Feeling I just can't go on	.67*	.19
Crying easily	.59*	.19
Feeling lonely	.55*	.11
Feeling fat, gaining weight	.31	.12
Lack of interest or pleasure in sex	.46*	.06
Feeling of worthlessness	.59*	.19
Feeling irritable or angry	.69*	.16
Feeling sad or depressed	.77*	.17
Feeling shy or self-conscious	.46*	.15
Trouble concentrating	.44*	.17
Feeling tense or keyed up	.60*	.24
Irrational fears	.45*	.31
Faintness or dizziness	.10	.47*
Stomach Ulcers or colitis	.11	.53*
Chest pains	.07	.43*
Nausea, upset stomach	.17	.70*
Recurring diarrhea	.16	.54*
Chronic constipation	.14	.41*
Poor appetite	.12	.38
Trouble getting your breath	.13	.32

* These items loaded .40 or above and were used to form composite symptomatology scales.

TABLE 3

THE RELATIONSHIP BETWEEN THE RESOURCE VARIABLES AND PERCEPTIONS OF EQUALITY

	Wives with Children		Wives Without Children	
Predicting Household Responsibility	Beta	F	Beta	F
Career importance	.28	15.23**	-.03	.37
Age discrepancy	-.04	.42	-.02	.12
Pay discrepancy	-.01	.03	-.12	4.83*
Education discrepancy	.15	5.02*	.03	.59
Predicting Decision Making Responsibility				
Career importance	-.18	6.22*	-.16	9.56**
Age discrepancy	-.02	.12	-.04	.72
Pay discrepancy	.01	.01	.15	8.26**
Education discrepancy	.10	2.34	-.02	.12
Predicting Child Responsibility				
Career importance	.09	1.64		
Age discrepancy	-.00	.00		
Pay discrepancy	-.17	.83		
Education discrepancy	.08	1.45		

For the career importance variable, the higher the score, the more important the wife views her career relative to her husband's.

For the discrepancy variables, the higher the score, the greater the discrepancy in the husband's favor.

For the household, decision making, and childcare variables, the lower the score, the more responsibility the wife has.

* $P < .05$
** $P < .01$

TABLE 4

HIERARCHICAL REGRESSION FO THE SATISFACTION AND INFLUENCE VARIABLES ON THE THREE SYMPTOMATOLOGY INDICES

For the Dysphoric Factor		Women with Children		Women without Children	
	Variable	beta	F	beta	F
Step 1	Career satisfaction	-.17	7.44**	-.25	30.20**
	Marital satisfaction	-.27	19.96**	-.27	33.54**
Step 2	Decision making squared	.15	5.39*	.01	.03
	Decision making	-.03	.24	.05	1.04
	Home responsibility	.22	12.13**	.01	.10
	Child responsibility	-.16	6.26*	-	-
For the Somatic Factor					
Step 1	Career satisfaction	.04	.30	-.12	4.81*
	Marital satisfaction	-.18	8.02**	-.17	11.14**
Step 2	Decision making squared	.19	8.29**	-.03	.21
	Decision making	-.25	14.31**	.03	.33
	Home responsibility	.11	2.66	.00	.01
	Child responsibility	-.08	1.65	-	-

*P < .05

**p < .01

For the satisfaction variables, the higher the score, the greater the wife's satisfaction.

For the responsibility variables, the lower the score, the greater the the responsibility a wife perceives she has.

For the symptomatology variables the higher the scale, the greater the reported symptomatology.

The decision making squared variable represents the curvilinear component. Higher scores indicate more equal levels of decision making.

BEST COPY AVAILABLE